

**MAINE HUMAN RIGHTS COMMISSION  
PARTY TO COMPLAINT PUBLIC RECORDS REQUEST**

**Requestor's contact information:**

First Name:	Last Name:	Date:
Organization:		
Mailing Address:	City:	State: Zip:
Phone:	Email Address:	

**Charge information:**

**My relation to this charge:**

Charge #:	<input type="checkbox"/> Complainant	<input type="checkbox"/> Respondent
	<input type="checkbox"/> Complainant Attorney	<input type="checkbox"/> Respondent Attorney

**I wish to be contacted to arrange for:**

☐ Physical inspection of the above charge at Commission Office

or

☐ Provide me with a photo copy of records (.12 per page)

☐ Complete case file (public records only)

or limit to:

☐ Investigators Report

☐ Charge of discrimination

☐ Commission Meeting Minutes

☐ Complainant submissions

☐ Respondent submissions

☐ Other material \_\_\_\_\_

}

*you may wish to reduce copy fees by limiting your request to specific materials in the file.*

**Shipping info:**

☐ I would like materials mailed to me and agree to pay actual postage costs.

☐ US Mail

☐ FedEx / ☐ UPS

or

☐ I would like to pick up the materials at the Commission office to avoid mailing charges.

Requestor Signature:

Date:

**FOR OFFICE USE ONLY:**

COPY CHARGES: #PAGES \_\_\_\_\_ x .12 page = \$ \_\_\_\_\_

US Mail cost \$ \_\_\_\_\_

**TOTAL CHARGES** \$ \_\_\_\_\_

☐ CASH      ☐ CHECK      PAID ON \_\_\_\_\_      RECEIVED BY \_\_\_\_\_

**Please contact our office at 207.624.6050 if you need assistance.**